disposal purposes		o, Site Specific Variance #16-10	50. Methods will include double bagged for						
DESCRIPTION OF AND RENOVATION	F WORK PRACTICES AND ENGINEERING CONTROI ON SITE: HEPA Vacs, MicroTraps (Negative Air Press	LS TO BE USED TO PREVENT I	EMISSIONS OF ASBESTOS AT THE DEMOLITION utilized for emissions control.						
WASTE TRANSF	PORTER#1		A.VI.						
Name:	Asbestos Transportation Company, Inc.								
Address:	2 Moriches Middle Island Road								
City:	Shirley	State: NY	Zip: 11967						
Contact Name:	Kenny Smith	<u> </u>	Telephone: 631-924-5050						
WASTE TRANSP	ORTER #2								
Name:									
Address:									
City:		State:	Zip:						
Contact Name:		· · · · · · · · · · · · · · · · · · ·	Telephone:						
WASTE DISPOSA	ASTE DISPOSAL SITE (#1 or #2)								
Name:	Minerva Enterprises, Inc.								
Location:	9000 Minerva Road, P.O. Box 709								
City:	Waynesburg	State: Ohio	Zip: 44688						
Telephone: 330-866	3435		2.5. 11000						
IF DEMOLITION O	ORDERED BY A GOVERNMENT AGENCY, PLEASE I	DENTIFY THE AGENCY BELO	w.						
Name:	Title:								
Authority:									
Date of Order (mm/c	dd/yy):	Date Ordered to Begin(n	Date Ordered to Begin(mm/dd/yy):						
FOR EMERGENCY RENOVATIONS Date Ordered to Begin(mm/dd/yy):									
Date and Hour of En	nergency(mm/dd/yy):								
Description of the Su	udden, Unexpected Event:								
Explanation of how	the event caused unsafe conditions or would cause equipme	ent damage or an unreasonable fine	maid built						
DESCRIPTION OF ASBESTOS MATE ACM which become	PROCEDURE TO BE FOLLOWED IN THE EVENT TH RIAL BECOMES CRUMBLES, PULVERIZED, OR RED s crumbled will be immediately wet with amended water at	AT UNEXPECTED ASBESTOS OUCED TO POWDER. Any ACM and cleaned up with HEPA Vacs, to	IS FOUND OR PREVIOUSLY NONFRIABLE which is discovered unexpectedly, or non-friable be put in 6 mil poly bags for proper disposed						
DURING THE DEW WILL BE AVAILA	N INDIVIDUAL TRAINED IN THE PROVISIONS OF PLITION OR RENOVATION AND EVIDENCE THAT BLE FOR INSPECTION DURING NORMAL BUSINESS	THIS REGULATION (40 CFR PA THE REQUIRED TRAINING HA S HOURS. (required 1 year after pr	ART 61, SUBPART M) WILL BE ON-SITE						
Signature of Owner I certify that the about	Date information is correct.								
Signature of Owner	0/22/2016								

NOTIFICATION OF DEMOLITION AND RENOVATION PAL Job#16-9067

Operator Project #	Postmark			Date Received		Notification #					
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): O-Original											
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):											
OWNER NAME: NYCMTA											
Address: 2 Broadway											
City: New York	State:	NY	Zip	o: 10004							
Contact Name: Jaikaran Dinaram		Telephone: 646 252-3540									
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services											
Address: 11-02 Queens Plaza South											
City: Long Island City				NY	Zip: 11101						
Contact Name: Devin Jones, Project Manager						Telephone: 718-349-0900					
OTHER CONTRACTOR:											
Address:											
City:	City:				Zip:						
Contact Name:	Telephone:										
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R											
IS ASBESTOS PRESENT? (YES NO) Yes											
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)											
Building Name: Junius Street Statio	n, New Lots Avenue l	Line									
Address: Junius Street & Livonia Avenue											
City: Brooklyn	State: 1	State: NY County: Kings									
Site Location: Mezzanine											
Building Size:		# of Flo	oors:	Age In Years: 50 years +							
Present Use: Train Station		Prior Use:									
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy											
Approximate amount of asbestos, including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below							
		CAT I		CAT II	UNIT		IIT				
Linear Feet	0 LF										
Pipes		3			LnFt:	X	Ln M:				
Surface Area – Square Feet 1,676 SI					SqFt:	X	Sq M:				
Vol. RACM off Facility Component					CuFt:		Cu M:				
Scheduled Dates Asbestos Removal (mm/do	Start Date: 10-11-2016			Complete Date: 10-10-2017							
Schedules Dates Demo/Renovation (mm/dd	Start:			Complete:							